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APPLICANTS

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** CONTINUING DATA *****
*None AMR*** FOREIGN APPLICATIONS *****
None AMR

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 08/10/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance
Verified and Acknowledged	<i>AMR</i>
Examiner's Signature	Initials

ADDRESS

27717

3 AMR 17 AMR 3 AMR

TITLE

OCCLUDING VASCULATURE OF A PATIENT USING EMBOLIC COIL WITH IMPROVED PLATELET ADHESION

FILING FEE RECEIVED 898	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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